Attachment #2

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
March 21, 2013, 9:30 am to 3:00 pm
Pleasant Hill Public Library
5151 Maple Drive, Pleasant Hill, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick
Lynn Crannell
Richard Crouch
Richard Heitmann
Chris Hoffman
David Hudson (by phone)
Gary Lippe
Laurel Phipps
Deb Schildroth
Patrick Schmitz
Susan Koch-Seehase
Dale Todd
Suzanne Watson
Gano Whetstone
Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Jill Davisson
Senator Joni Ernst
Senator Jack Hatch
Representative Dave Heaton
Representative Lisa Heddens
Lynn Grobe
Zvia McCormick

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Serv. & Planning
Robert Bacon	U of Iowa Center for Disabilities and Development
Dave Basler	ChildServe
Teresa Bomhoff	Iowa Mental Health Planning Council/NAMI
Wayne E. Clinton	Story County Supervisor, ISAC Supervisors Affiliate
Diane Diamond	DHS, Targeted Case Management
Marissa Eyanson	Easter Seals
Connie Fanselow	MHDS, Community Services & Planning
Jim Friberg	Department of Inspections and Appeals
Melissa Havig	Magellan Health Services
Julie Jetter	MHDS, Community Services & Planning
Kathleen Jordan	DHS, Policy Coordination
Laura Larkin	MHDS, Community Services & Planning
Brad Leckrone	County Social Services
Bob Lincoln	County Social Services
Liz O'Hara	U of Iowa Center for Disabilities and Development
Jim Rixner	Siouxland Mental Health Center
Joe Sample	Iowa Department on Aging
Renee Schulte	DHS Consultant
Rick Shults	DHS, Administrator MHDS Division

OTHER ATTENDEES (continued):

Jennifer Townsend	Warren County
Doug Wilson	eVizzit
Robyn Wilson	MHDS, Community Services & Planning

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:35 a.m. and led introductions. Quorum was established. Chris Hoffman and Susan Koch-Seehase declared they would abstain from voting on the County Social Services agenda item due to conflicts of interest.

APPROVAL OF MINUTES

Laurel Phipps made a motion to approve the minutes of the February 28, 2013 meeting as presented. Richard Crouch seconded the motion. The motion passed unanimously. Dale Todd and Suzanne Watson were not present at the time of the vote.

CHANGES IN COMMISSION MEMBERSHIP

Jack Willey announced the Commission members who will be completing their terms of service next month and the newly appointed members who will join the Commission in May:

- Richard Heitmann will be leaving after 7 years of service
- Betty King from Cedar Rapids has been appointed as a consumer representative to fill Richard's seat
- Dale Todd will be leaving after 6 years of service
- Sharon Lambert from Buffalo has been appointed as a parent of a child consumer to fill Dale's seat
- Laurel Phipps will be leaving after 2 ½ years of service
- Brett McLain from Ames has been appointed as a Veteran's advocate to fill Laurel's seat
- Gano Whetstone will be leaving after 6 years of service
- Rebecca Peterson from Clive has been appointed as a service advocate to fill Gano's seat
- Lynn Crannell will be leaving after 8 years of service
- Marilyn Seemann from Woodward has been appointed as an AFSCME representative to fill Lynn's seat
- Richard Crouch and Gary Lippe have been reappointed to serve 2nd terms
- Senator Jack Hatch has been reappointed by the Senate Democratic leadership
- Senator Joni Ernst, Red Oak has been appointed by the Senate Republican leadership to replace Senator Merlin Bartz; her membership was effective 1/22/13

The Commission will be honoring retiring members at the April meeting.

RISK POOL BOARD

Jack Willey noted that Dale Todd has been the Commission representative on the Risk Pool Board for several years. Since his term on the Commission is ending, a new Risk Pool representative needs to be nominated by the Commission. Jack indicated that Patrick Schmitz is willing to serve in that role. Motion: Gano Whetstone made a motion to nominate Patrick Schmitz as the MHDS Commission representative on the Risk Pool Board. Chris Hoffman seconded the motion. The motion passed unanimously. Dale Todd and Suzanne Watson were not present for the vote.

COUNTY SOCIAL SERVICES PLAN

Brad Leckrone introduced the first request from County Social Services (CSS) to add new member counties to their current management plan. He noted that all thirteen of the new counties have held public hearings and their Boards of Supervisors have all voted to adopt the plan. Motion: Gary Lippe made a motion to recommend approval by the Director of adding the counties of Chickasaw, Fayette, Grundy, Hancock, Howard, Humboldt, Kossuth, Pocahontas, Tama, Webster, Winnebago, Worth, and Wright to the current CSS Management Plan. Lynn Crannell seconded the motion. Vote: The motion passed by a vote of 12 to 0. Susan Koch-Seehase and Chris Hoffman abstained. Suzanne Watson was not present for the vote.

The second request from CSS was for approval of amendments to the management plan. CSS Administrator Bob Lincoln provided additional supporting information to Commission members prior to the meeting to better explain the assessment process and purpose. Bob said that there is nothing more restrictive in adding the additional counties; he said clients in those counties did not notice any changes. He said the change is a first step to prepare for the new legislation that requires use of standardized assessments, which will provide information for the decision making process.

Bob said CSS has two programs within the plan, which he thinks make it unique and progressive. The first is the mental health treatment program. He explained that an individual can go directly to a community mental health center and never realize that the county is involved in funding those services because it all goes through the clinician. Access points authorize the service base on presentation of the illness to the clinician. There is no restriction placed on outpatient mental health services, medication management, or psychiatric evaluation. There are “look behind” provisions for utilization review.

The other program is the disability program, where an assessment has been conducted that determines the person’s disability or mental illness is having an impact on their ability to live independently. That is where the need for social supports such as in home nursing, transportation, payee and other services are identified. Use of the LOCUS (Level of Care Utilization System) and SIS (Supports Intensity Scale) tools is being incorporated to identify the level of service need. There had been concern expressed at the last presentation to the Commission about reference to the ICAP (Inventory for

Client and Agency Planning) and the LOCUS in terms of people with brain injury. Bob said he had a follow-up conversation with Geoff Lauer of the Brain Injury Alliance who told him the Mayo Portland is the most popular tool for people with BI and the plan was modified to say that standardized assessments will be used, recognizing that the Department will be making a determination about which ones will be required. He noted that CSS is using the assessment tools they think represent the direction DHS is going so they can begin collecting data. They are using the strength-based SIS for people with intellectual and developmental disabilities and are beginning to build a data base with SIS information. Bob said they have not implemented use of the LOCUS yet, but have received training and intend to begin using it soon.

The other item that was discussed was the provision referencing use of a mental health professional in the plan was in the peer review process to empower the team. The idea was that a mental health professional may be accessed as a resource for additional input to the team if the team feels it is needed for decision making. The language was changed to reflect that intention.

Patrick Schmitz asked if there was reference to the use of a mental health professional in attachment A. Bob said that under the Resource Management Section, only the last sentence of the fifth paragraph was changed from the previous plan language: "A qualified licensed professional may be used by parties for additional clinical input."

The CSS Board has authorized the addition of crisis stabilization services, allowing payment for the first 72 hours of crisis stabilization services for anyone that the stabilization unit feels they can support and the medical professionals feel is appropriate to access the services. After the person is admitted to the stabilization unit, an application can be completed and a determination can be made about their resources and what other services they can be connected to. We are asking that the crisis stabilization unit be added to the plan.

Motion: Lynn Crannell made a motion to recommend to the Director that the CSS Management Plan amendments be approved. Gary Lippe seconded the motion.

Discussion: Patrick Schmitz asked Bob to clarify what he said about the use of the LOCUS. Bob said it is not a required assessment for enrollment in the program at this point, but is one factor that the team can use in making decisions. He said they are not a managed care entity, but are trying to provide more objective, evidence-based information for level of care and service decisions to be made by local teams and to empower clients and case managers, while eliminating some of the redundancy that is created by levels of oversight. Bob said they are trying to use information to be able to focus on "outliers" in standardized assessments to make sure they are getting the services they need so that both the clients and the taxpayers are being protected. Bob said that within their organization they are making clear distinctions to separate decisions on needs and decisions on funding to that funding is not driving determination of need. Patrick commented that he believes that all regions will have to function as a managed care entity and those policies and roles will need to be very clear. Bob said

that at this point they are positioning themselves to prepare for entering into performance based contracts with DHS for the delivery of services.

Vote: The motion passed by a vote of 13 to 0. Susan Koch-Seehase and Chris Hoffman abstained.

MHDS UPDATE

SF 160 - Rick Shults and Theresa Armstrong shared a one page handout on pending legislation related to mental health and disability services. Rick said that House File 160, appropriating $11.6 in transition funds has passed the House and the Senate. The bill provides the "scenario 1" level of funding which will go to 26 counties that applied for transition funds to continue their current level of services through the end of the fiscal year. The money will come from the CHIP (Children's Health Insurance Program) contingency fund, which is federal money, so there are limitations on its use since federal funds cannot be used to match other federal funds. Rick said the Department will provide guidance to counties and will enter into agreements with counties on utilizing the funds without triggering any federal match issues. Counties are anxious to get the funds because the money is for fiscal year 2013, which ends June 30. The Governor has not yet signed the bill, but the legislation specifies that the money will be disbursed within two weeks of enactment, so DHS is already working with counties to meet the short time frame.

SF 203 – Theresa explained that Senate File 203 is the DHS/MHDS technical corrections bill to make specifically requested changes in Iowa Code. It has passed the House and Senate and is pending the Governor's signature. Among the changes included are:

- Clarifying the role of psychiatrists in sub-acute facility based care
- Insuring ICFs/PMI meets licensing standards
- Eliminating the prescriptive client identifier
- Eliminating an ID data base from the 1970s that is not utilized
- Making a technical adjustment to how 70% of Mental Health Block Grant funds are distributed to community mental health centers (CMHCs)

SF 406 – Rick explained the Senate File 406 is the judicial bill, and successor to SSB 1192. It includes provides for:

- The Central administration of the mental health advocates to be placed under the Department on Human Rights; previously the Department of Inspections and Appeals (DIA) had been named
- The elimination of the ID commitment
- Merging the applications for mental health and substance use commitments
- A study of creating a centralized data base for access to inpatient psychiatric hospital beds

SF 415 – Contains the MHDS Redesign Workgroup recommendations and equalization funding; this bill was formerly SSB 1199 and amendments have been added. Currently the bill includes provisions:

- Replacing the term "Evidence Based Practices" with "Research-Based Practices," which is defined in the bill as meaning: *"a service or other support in which the efficacy of the service or other support is recognized as an evidence-based practice, or is deemed to be an emerging and promising practice, or which is part of a demonstration and will supply evidence as to the effectiveness of the service or other support."*
- Clarifying that the MHDS system is responsible for serving persons in community corrections if funds are made available
- Expanding eligibility to children and people with DD at the discretion of a region if any county in a region previously served that class of people and allows the expansion to occur in limited areas of the region
- Allowing services to children to be grandfathered
- Specifying that equalization payments must go to the regions
- Extending the due dates for strategic plans to the time regional management plans must be submitted
- Requiring counties to use transition funds to continue existing services
- Appropriating $29.8 million to fund equalization in 2014
- Requiring MHDS Commission to study how county funding for substance use disorder services can be better coordinated; it was suggested that IDPH be involved in this effort as well
- Ending any additional adjustments to county Medicaid bills effective July 1, 2013
- Directing the state payment program funding to follow the person being funded to the county/region where they establish residency
- Establishing expectations for data collection and outcomes and performance measures
- Establishing a Children's Cabinet
- Establishing a Center for Child Health Innovation and Excellence

Rick said the bill as written simply funds equalization as it is described in MHDS redesign, however, Senator Jack Hatch has talked about the Senate considering taking a three-step approach to equalization:

1. Comparing what counties are expecting to spend for their non-Medicaid costs in FY 2014 with their revenue and allocating funds to those counties that have insufficient revenues
2. Allocating funds based on the population of the county
3. Some allocation based on what other problems counties might be experiencing in FY 2014

- The first method is estimated to allocate about $12 million
- The second method is estimated to allocate about $8 million
- That would leave under $10 million for the third step of the allocation

Deb Schildroth commented that there is still discussion about what it will take to fund non-Medicaid services starting in FY 2014 since some counties will be getting more dollars under the $47.28 per capita formula and others will be getting less. Richard Crouch commented that he is concerned that he has not been hearing legislators talking about clients and consumers and how they will be affected, but focusing on the dollars. Richard Heitmann commented that he has always appreciated, and shared with others, that the Commission is concerned about how policies affect people.

Dale Todd said he is concerned about how this money is going to get out to really have an impact on helping people, and that he is anxious to see the funds get out because there is money to address many of these issues, especially since we have already seen services cut.

Rick Shults said that he has heard conversations about funding issues in three different ways:

1. Addressing challenges counties are having this year with Transition Funds.
2. Addressing challenges related to tax revenue timing (cash flow); some of the talk about increasing transition funds related to the cash flow issue
3. Addressing the ongoing costs of operating the system (growth)

In terms of overall budget plans, the House and Senate are not too far apart in bottom line dollars; both spending plans include the $29.8 million. Now they are talking about how the funds will actually get distributed and they need to come to some agreement on that.

In response to a question, Rick said the House and Senate seem to be in agreement on having the funds that have been used for the State Payment Program follow the people currently being served to their counties of residence. He noted that the Department has pointed out to legislators that that does not represent the entire impact of changing to residency. Deb Schildroth asked if the SPP money will be impacted by sequestration since its source is the Social Services Block Grant. Rick responded that it may be impacted and he has not yet heard anyone talking about backfilling sequestered dollars with general fund dollars.

Theresa Armstrong said the Department is aware of impacts regarding sequestration for the Community Mental Health Services Block Grant, PATH (Projects for Assistance in Transition from Homelessness), Social Services Block Grant, Substance Abuse Block Grant managed through IDPH (Iowa Dept. of Public Health), Center for Disabilities and Development, and Disability Rights Iowa. Overall, about a 5.6% reduction is expected. She said most programs won't be significantly affected until the new federal fiscal year begins on October 1.

Bob Lincoln commented that even though more money will go to counties that have not been spending it under the $47.28/capita levy rate, that doesn't mean that the need is not there; it also gives counties numbers to work with and use in planning.

Deb Schildroth asked if there is recognition that there will still be some state cases, particularly out of state college students and if the Department is looking at the definition of residency. Rick said out of state students will be state cases because they are not Iowa residents. Deb said that historically out of state students have sometimes not been clearly defined with regard to residency. Rick responded that he has not heard of any changes being proposed in Code.

Jack Willey expressed concerns about the MHDS Commission duty regarding substance use disorder services and the capacity of the Commission to complete such a study. Rick responded that is the reason why the Department recommended that IDPH be involved as a collaborator.

Chris Hoffman said he thought the Commission should recommend that the language regarding the Commission study be struck from the bill. Deb Schildroth read the provision from SF 415: *"The mental health and disability services commission shall review options for the mental health and disability services regions to coordinate substance-related disorder funding provided by counties and other such disorder funding provided by counties in place of county coordination. The commission shall report to the governor and general assembly its findings, options, and recommendations on or before October 15, 2013."* Rick said he has had conversations with Kathy Stone and there is no question that IDPH would be willing to participate and work with MHDS and the Commission on getting it done; he said IDPH should be the lead and the Commission and DHS should be collaborative participants.

Motion: Chris Hoffman made a motion that the Commission send a letter to the Human Resources Committee that sponsored SF 415, requesting that the provision be struck and recommending an alternative. Dale Todd seconded the motion. Vote: The motion passed unanimously. Chris Hoffman volunteered to help Jack and Susan draft the letter.

Rick Shults discussed a final piece of pending legislation:

HF 53 – Regarding sex offenders in nursing facilities, contains provisions:

- Requiring nursing facilities (NF), residential care facilities (RCF), and assisted living facilities to notify the people they are serving, their families, and others if a registered sex offender is being served at the facility
- Requiring DHS to make arrangements to serve people who are on the sex offender registry cannot secure needed NF, RCF, or assisted living services; Rick noted this would be a new service that DHS would contract to provide
- Establishing a workgroup to develop a long term solution to the issue

Rick noted that this only addresses whether or not a person is on the sex offender registry; it does not address any behavioral criteria. He said there are some conversations that connect other individuals that might be challenging to serve or have

violent behavior, but those are entirely different groups of people and that is a separate issue from the sex offender issue.

MHDS UPDATE

Regional Formation - Rick Shults shared an updated map of potential, emerging MHDS Regions. To date, DHS has received letters of intent from nine regional groups and it appears at this point there will be about five other regional groups forming, and three counties that may apply to stand alone.

Suzanne Watson asked for clarification from Rick about the letters counties have received from DHS in response to their letters of intent. The responses seem to question whether they meet the requirements or ask for more information. What is the position of DHS on what has to be included in the letters of intent? Jack Willey also commented that he heard feedback from people who through their letters of intent had been denied and counties are asking what they need to do. He said he was finding it confusing because he received one of the letters too. Jack said his regional group did not spell out all the requirements for regionalization in the letter, but is aware that they are in the law and the region will have to meet them. He said there is anxiety because counties don't all get the same information and are uncertain about how to proceed.

Rick Shults responded that the legislation lists the things to be addressed in the letter of intent and if the Department has received letters that did not address each of the points, they have responded by indicating the items that were not included and still need to be addressed. He said a complete management plan is not required, but each of the necessary points in the statute should be addressed in a general way so that the "checklist" is complete. He said DHS wants to work with the counties to make sure everything needed is complete and they do not anticipate problems with approval.

Theresa Armstrong added that for core services, it is expected that counties can list providers that they are potentially going to contracted with to provide services. Rick said that one of the Department's intentions in sending the letters was to present a list of the things still need to be talked about with the county and help make sure that the Department has all the information needed. He said if follow-up technical assistance is needed, DHS, ISAC, or other entities can provide it. He noted the Department has already received and responded to a broad array of requests for technical assistance. Rick said that technical assistance is available to any county or regional group that requests it.

Independence MHI – The facility had some survey deficiencies due to problems with the aging physical plant last fall; all those regulatory challenges have been cleared up and the MHI is in full compliance, but extensive remodeling is continuing and that is still impacting their service capacity.

Provider updates - A rather substantial civil lawsuit has been filed against a provider in southeast Iowa, alleging fraud and abuse. That facility will be under different

management by the end of the week which will avoid disruption in the lives of the people being served.

Theresa Armstrong said the Department received notice from Poweshiek Community Mental Health Center that they will be closing in about a month; they have been serving 800 to 900 people, and are in the process of transitioning their outpatient mental health services to Grinnell Medical Center. Magellan is aware of the changes and has been working with them to make the transition as seamless as possible and make sure people are informed. They have also talked to Capstone, another neighboring community mental health center, about doing some other community based services.

CHILDREN'S MENTAL HEALTH REPORT

Laura Larkin, the Children's Mental Health Specialist for MHDS, presented an overview of the DHS Implementation Status Report Regarding the Mental Health Service System for Children, Youth and their Families. It is a legislative report first required in 2009, and now submitted every year to the Governor, General Assembly, and the MHDS Commission. The report introduction includes information about the legislation requiring it and the background for the report, including the beginning of the children's systems of care project. Highlights include:

- Summary of the Children's Disability Services Workgroup Report, which was filed in December 2012, just a month before this report
- The transfer of PMIC (Psychiatric Medical Institute for Children) services to the Iowa Plan for Behavioral Health became effective July 1, 2012
- Summary of the sources of funding for children's mental health services, including Medicaid, the HCBS Children's Mental Health Waiver, PMIC services, systems of care programs, and local/county funding
- Overview of Iowa's three system of care projects and their goals and outcomes:
    - Community Circle of Care (CCC) in northeast Iowa served 1845 children in SFY 2012
    - Central Iowa System of Care (CISOC) served 137 children and youth in SFY 2012
    - Four Oaks began operating a SOC program in March 2012 for children in Linn and Cerro Gordo counties and expects to serve 70 children in SFY 2013
- SOC outcomes include:
    - CCC reports that 57% of the youth served would have received more costly and restrictive services if not for the SOC program
    - CISOC reports that 31% of the children served who were at risk of entering a PMIC or foster group care were prevented from doing so due to the SOC program
    - Four Oaks has established a goal of reducing average length of stay in PMICs from about 300 days to 90 days

Laura noted that the last page of the report shows a brief overview of each program and the common outcomes measured. The SOC performance measures are:

- Children and youth will not move to more restrictive treatment settings (group care, PMIC, MHI, out of state placement)
- Children and youth served will not have Child in Need of Assistance (CINA) petitions filed due to the need for mental health services
- Children and youth served by the System of Care will be diverted from involuntary commitment for mental health treatment
- Children and youth served by the System of Care will demonstrate improved functioning in school

Susan Seehase asked what happens with transition and the child's ability to interact with their school in making sure the level of training and support needed for them to be support in school is available. Also, is there anything that addresses possible unintended consequences to other students? Laura responded that many of the children in these programs have problems in the educational setting and schools sometimes feel unprepared to deal with issues. Those are things the system of care approach addresses and schools have been very receptive to the support that has been offered to them. She noted that the report talks about how PMICs are working hard to support a smooth transition from the PMIC back into a comprehensive school community.

Neil Broderick commented that without the integrated health home approach, there is really no funding for transition from PMICs back into the school and community. Laura said the integrated health homes have many of the same functions as the system of care that we have been talking about. She noted that the system of care principles are identified in the Children's Workgroup Report and it is intended that they will apply to health homes as well.

Patrick Schmitz asked how integrated health homes will be funded. Laura responded that Medicaid will fund IHH for children who are Medicaid eligible. That is where the program is starting; it will need to be worked out how to fund other children who are not eligible for Medicaid. Gary Lippe added that for children with other insurance coverage, Accountable Care Organizations (ACOs) may be moving to this sort of approach as well.

A break for lunch was taken at 12:05 p.m.

The meeting resumed at 1:10 p.m.

CORE SERVICES

Rick Shults and Renee Schulte led a discussion on core services. Rick said the Department has the expectation that regions will provide the core services identified in the redesign bill, which includes descriptors regarding access to providers that can provide the services using certain practices. He also noted that both the Code and

rules have a certain amount of limitation and one of the things that presents a challenge is determining what is required and what *may be* required under an umbrella. He said there is a need to start with building a "shall" and "shall not" do list and then work from there on what "may" be covered; the Department wants to recognize what people are doing that may not be something they are required to do.

Renee Schulte said that when mental health reform was passed last year, the bill included a section on core services which is now in section 331.397 of the Iowa Code.

Service domains were identified are including:
- Treatment designed to ameliorate a person's condition
- Basic crisis response provisions
- Support for community living
- Support for employment
- Recovery services
- Service coordination including coordination of physical health and primary care

Each of the domains is broken down into individual types of services in lists of examples that are included but not limiting. Renee is working on developing a document that will become a workgroup draft to clarify core services definitions. She has been researching what is already defined in Code or rule that may apply. In addition, the Iowa Plan provider and consumer manuals contain definitions and other service information.

Treatment designed to ameliorate a person's condition includes but is not limited to:
- Assessment and evaluation
- Mental health outpatient therapy
- Medication prescribing and management
- Mental health inpatient treatment

Basic crisis response provisions includes but is not limited to:
- Twenty-four-hour access to crisis response
- Evaluation
- Personal emergency response system

Renee noted that crisis services are addressed in two sections of the bill. Basic services are identified that will need to be provided in year one, and additional core "plus" services that must be provided in year two. She said the first year core services are those things that community mental health centers have long been doing.

Support for community living includes but is not limited to:
- Home health aide
- Home and vehicle modification
- Respite
- Supportive community living

Renee noted that many services are already defined in HCBS Waiver, habilitation, and other Medicaid rules. Residential Care Facilities are not listed in core services but could be included as a "not limited to" service.

Support for employment includes but is not limited to:

- Day habilitation
- Job development
- Supported employment
- Prevocational services

Renee noted that studies have shown that people with Medicaid services do better when they are employed. Sheltered work is not listed in this domain area because the federal government wants state to be more focused on integrated employment; Iowa needs to move in that direction, but that does not mean that all people need to be removed from sheltered work. There may be timelines for how long people remain in sheltered work as there are for pre-vocational services. Shelter work would remain permissible as a "not limited to" service.

Recovery services include but are not limited to:

- Family support
- Peer support

Renee noted that is a large section in the Code (Section 225C.47) on family support that was created for another purpose (the Family Support Subsidy) and may or may not be useful in this context; there is nothing in Code on peer support and there is a need to build that into rules.

Service coordination includes but is not limited to: case management

Renee noted that integrated health homes are new and there will need to be some additional direction for those services.

Richard Heitmann asked if sheltered work will be phased out. Rick Shults responded that the Department see their role as offering opportunities for people to work in integrated settings and let people make choices; if demand for sheltered work goes down, there will be less utilization. Rick said the Department is developing a tool to use to have conversations with people in the regions about the subject.

The difference between the specific services listed in the Code and how services are delivered takes us to the next section of the legislation relating to the demonstrated competencies providers of core services must demonstrate for:

- Serving persons with co-occurring conditions
- Providing evidence-based services
- Providing trauma-informed care

All three of those competencies are defined and reflect where redesign is starting to stretch the system beyond what everyone has been doing in Iowa.

Co-occurring:

- There is a provision in section 226.10 of the Code, called equal treatment that address co-occurring needs but now only refers to MHIs; it could be expanded for application to other services and settings

Evidence-based:

- Is defined in more than one place in administrative rules

Trauma-informed care:

- Is also defined in rules and is a model we have begun moving toward

Core Plus Services

Core Plus Services include:

- Comprehensive facility and community-based crisis services
- Subacute services provided in facility and community-based settings
- Justice system-involved services
- Advances in the use of evidence-based treatment

Comprehensive facility and community-based crisis services include but are not limited to:

- Twenty-four-hour crisis hotline
- Mobile response
- Twenty-three-hour crisis observation and holding, and crisis stabilization facility and community-based services
- Crisis residential services

Subacute services include:

- Subacute services provided in community-based setting
- Traditional inpatient subacute care

These represent goals the system to moving toward, not what has to be in place to start the regions. Some good definitions have been identified but are not in Code or rule yet.

Justice system-involved services include but are not limited to:

- Jail diversion
- Crisis intervention training
- Civil commitment prescreening

There are less existing definitions in this section; there will need to be discussions about what these services should look like.

Advances in the use of evidence-based treatment include but are not limited to:

- Positive behavior support
- Assertive community treatment
- Peer self-help drop-in centers

Rick Shults said he has been talking to folks and hearing their concerns about questions like where basic crisis services begin and end, and where additional crisis services begin and end. He said there are certain expectations for CMHCs and others and that is probably where the discussion should begin.

- There is a need for more definition for peer support and family support
- There are peer support definitions in the Iowa Plan of Behavioral Health Utilizations 2012 and the Iowa Plan Compendium of Best Practices
- Do the definitions we have apply in this particular instance?

Rick noted transportation is not listed as a required service in the legislation, although it is often cited as an important need to provide access to other services. He said there should be discussions about how transportation can fit in as a permissible service, noting that the Department cannot require anything by rule that is not authorized by legislation.

As noted earlier, the existing family support definition language comes from the Family Support Subsidy and currently the discussion is about family support as a parallel to peer support, which is significantly different. He said he has heard a lot of support for family to family training. Teresa Bomhoff commented that family support should be available to families of both children and adults with mental health conditions. Renee added that family support is also a component of the integrated health homes.

Jim Rixner commented that he is concerned that if the funding that has been discussed does not all come through for counties and regions, his area of the state is going to lose their mental health court and jail diversion program, both of which are programs that will be required in another year under core plus. Rick said in his conversations people seem to be satisfied that is not a hypothetical that will play itself out; if it does come to that there will need to be a discussion on how to proceed.

Renee indicated she is still working on the summary document and it will be shared after it is finalized. Rick said the Department wants to set people up for success; to establish practical standards and then work to exceed them. This effort should also give advocates a list of things they want to work to get funded in the future.

CORE SERVICES COMMITTEE

Jack Willey appointed a committee to work with MHDS and Renee on the review and development of the core services definitions. Patrick Schmitz will serve as chair. The other committee members are: Deb Schildroth, Suzanne Watson, Neil Broderick, Susan Koch-Seehase, and Jack Willey. The core services committee will plan an initial meeting by telephone conference on Tuesday, April 9 from 1:00 p.m. to 4:00 p.m. A second meeting will be scheduled in Des Moines on Wednesday April 17, the evening

before the next Commission meeting. Rick Shults said the document Renee has been developing will be shared with the committee prior to those meetings. He indicated that at some stage in the development, DHS will also reach out to regional representative, the Mental Health Planning Council, and other groups to seek input.

NEXT COMMISSION MEETING

The next Commission meeting is Thursday, April 18, at ChildServe in Johnston.

PUBLIC COMMENT

Joe Sample shared an invitation from Department on Aging Director Donna Harvey for a conversation on Iowa's Aging and Disability Resource Centers on April 25th at the Science Center of Iowa. He said save the date announcements will be sent out; there will be folks from Minnesota to share ideas on what they are doing and information about grant and contract opportunities. Information about the event will also be available on the IDA website at www.iowaaging.gov.

Teresa Bomhoff commented that the InfoNET website has an informative article about the Governor's plan to fund health care and a chart showing the comparison between his plan and Medicaid expansion. She said the Governor is proposing taking $43 million away from counties to fund his plan and that it does not meet federal mental health parity rules. The information is available at www.infonetiowa.org.

Jim Rixner thanked Jack Willey for his willingness to allow guest to comment on discussion issues throughout the meeting rather than holding all comments to the end of the meeting.

Bob Bacon commented that he still has concerns about funding, but now believes the Commission was prudent not to make further comments to legislators as he suggested two months ago. He said, even so, he does not want it to be forgotten that there are still unresolved funding issues:

- Counties still have debt that hasn't gone away
- Property tax equalization and transition funding look like they are on track, but not in finalized yet
- The costs of core and core plus services are still unknown
- There are still going to be people who are not covered

Bob said that one of the key principles of redesign was equity and he is concerned that legislators may come to the conclusion that they have done enough when there is still more need. He said he would like to find a strategic moment to say thank you to legislators for all they have done so far, but remind them that the job is not yet complete.

The meeting was adjourned at 2:20 p.m. Minutes respectfully submitted by Connie B. Fanselow.